

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **9430**
Registrar's No. **34**

FILED APR 1943
Registration District No. **203**

Primary Registration District No. **4009**

1. PLACE OF DEATH:
(a) County **Andrew**
(b) City or town **Savannah**
(c) Name of hospital or institution: **Dr. Nichols Sanitarium**
(d) Length of stay: In hospital or institution **Feb 4 to Mar 16 1943**
In this community **3 wks**

8. (a) PRINT FULL NAME **Phoebe Ellen Nichols**
3. (b) If veteran, name war **No** 3. (c) Social Security No. **None**

4. Sex **female** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **widowed**
6. (b) Name of husband or wife **Dr. P. Nichols** 6. (c) Age of husband or wife if alive **—** years
7. Birth date of deceased **June 9 1858**

8. AGE: Years **85** Months **8** Days **7** If less than one day **—** hr. **—** min.

9. Birthplace: **Jacksonville Illinois**

10. Usual occupation **Housewife**

11. Industry or business
12. Name **John Reaugh**
13. Birthplace **Unknown Missouri**
14. Maiden name **Ferulia Lindsey**
15. Birthplace **Unknown Virginia**

16. (a) Informant's own signature **Ellen Poston**
(b) Address **Savannah Missouri**

17. (a) Removal **Removal** (b) Date thereof **3-17-1943**
(c) Place: burial or cremation **Grand Island Nebraska**

18. (a) Signature of funeral director **Walter Meierhoffer**
(b) Address **13th. & Faraon St. St. Joseph, Mo.**

19. (a) **3/16/43** (b) **J. H. Fitchman**

2. USUAL RESIDENCE OF DECEASED:
(a) State **California** (b) County **—**
(c) City or town **Los Angeles**
(d) Street No. **1081 Browning Blvd.**
(e) If foreign born, how long in U. S. A. **—** years

20. DATE OF DEATH: Month **March** day **16**
year **1943** hour **4** minute **30** a. m.
21. I hereby certify that I attended the deceased from **Feb 21**
1943 to **March 16 1943**
that I last saw **her** alive on **March 15 1943**
and that death occurred on the date and hour stated above.

Immediate cause of death **Exema**
Cancer uterus + bladder
Due to **—**
Due to **—**
Other conditions **—**
(Include pregnancy within 3 months of death)

Major findings: **—**
Of operations **—**
Of autopsy **—**

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) **—**
(b) Date of occurrence **—**
(c) Where did injury occur? **—**
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
While at work? **—** (Specify type of place) (e) Means of injury **—**
23. Signature **J. H. Manning** (M. D. coauthor)
Address **Savannah Mo** Date signed **3/16/43**

Duration **—**
PHYSICIAN **—**
Underline the cause to which death should be charged statistically.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No. 3300 Missouri.....

P. O. Address St. Joseph, Missouri.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.